



Balaka District, Malawi

**Post-Distribution Check-Up (PDCU)
at 12-months**

December 2014 to January 2015

REPORT

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1. Executive Summary

This report represents the results of the 12 months PDCU conducted in December 2014 and January 2015. Data was gathered in all of the district's 14 Health Centre Areas (HCAs). 4,535 households (HH) were randomly selected and visited unannounced. This check-up was carried out at 14 months, rather than 12 months, post-distribution due to planning delays.

At 14 months post-distribution, sleeping space coverage with a viable net had fallen to 70% from 84% at 6 months.

The rate of decline of sleeping space coverage from month 6 to month 14 was 2% per month on average. It is difficult to say what the decline was in the first 6 months as we do not have strong data on the actual sleeping space coverage achieved on day 1. If it was 100%, the decline would be a similar 2% per month. If 90-95% initial coverage, which we consider more likely given experience in other distributions, the decline would be 1 to 1.5% per month.

Net hang-up, condition and 'net present but not hung' information for each of the 14 HCAs has been passed to Balaka's Malaria Coordinator (MC), the District Environmental Health Officer (DEHO) and District Health Officer (DHO) to assist in designing further potential targeted malaria intervention activities.

The PDCU cost was US\$8,337 equal to US\$1.84 per household visited (or \$0.054 per net originally distributed).

2. Background

Balaka District is one of Malawi's 28 districts and has a population of 389,000 people and 90,400 households. A universal coverage distribution of 154,230 nets was carried out from October to November 2013.

As an impact-monitoring tool of net usage and net condition, a Post-Distribution Check-Up survey (PDCU) is carried out at 6 months intervals after the distribution.

3. Results

- 4,535 HHs visited (5% of the HHs that received nets in the original distribution)
- 8,540 nets checked
- 82% of the nets were found to be hung and in use. This is a good hang-up level.
- 35% of the nets were found to be in 'very good condition' (fewer than 2 holes of up to 2cm in size), 39% 'Good' (fewer than 10 small holes on them) and 11% in 'viable' condition, (although with more than 10 holes or 1 hole larger than 10 cm), while 14% were worn out. The viable sleeping space coverage was therefore 70%.
- The survey found 19% of those using the nets were children under 5 years, while 36% were children, 1% were pregnant women and 44% being adults.
- Condition of the nets compared to expectation: Just acceptable, but lower than we would like to see. We are discussing potential actions with the DHO.

See Appendix 2 for detailed results and findings.

Comment

Levels of net use and net condition had fallen since the PDCU at 6 months when the coverage level with a viable net was 84%. The coverage at 12 months of 70% indicates a rate of decline, assuming 95% coverage on day 1 (we cannot be sure of the coverage level but assume it would not be 100%) of 2.5 percentage points per month.

Malawi, Balaka District - Universal coverage distribution 2013 - Net usage and condition data from post-distribution check-ups (PDCUs)										
		Net usage			Net condition				Viable Sleeping space coverage	
PDCU	Actual # months post-distribution took place	Hung (%)	Present, not hung (%)	Missing or Worn Out (%)	Very good (%)	Good (%)	Viable (%)	Subtotal viable or above (%)	Worn Out or Missing (%)	
6 month	6 month	87	10	3	69	25	4	97	3	84%
12 month	14 months	82	4	14	35	39	11	85	14	70%
18 month										
24 months										
30 months										

This suggests for other distribution areas showing a similar decline in coverage over time other actions are necessary if the target is to maintain a minimum 80%* sleeping space coverage throughout the typical three year period between mass universal coverage distributions.

We are considering with partners various developments.

One possible development is an ‘injection strategy’ that brings in a quantity of nets at 24 months, and perhaps at 12 months, to increase net coverage to a level that ensures any decline over the subsequent year leaves sleeping space coverage at or above 80%.

This would involve a mechanism by which sleeping spaces in need of a net, across all households, were accurately tallied at the 24 month, and perhaps 12 month, point. This could involve a district wide ‘pre-distribution registration survey’, similar to that carried out prior to a mass distribution or could perhaps be achieved through engagement of local communities.

The practicality of different approaches, associated costs and the coverage likely to be achieved is being assessed.

What is clear is that sleeping space coverage is below 80% for a material part of the three year period between mass distributions and better malaria control is likely to be achieved through maintaining an 80% or above coverage level throughout the three year cycle.

Note: 80% is considered by many in the malaria community to be the desired level of sustained coverage. As far as we are aware (at least at this time) there is no specific scientific evidence that suggests 80% rather than 75% or 85% or a different level. We believe it is considered a practical and suitable high level given 100% coverage is unlikely and it falls at the midpoint of this and 60%, the level at which the so-called ‘mass effect’ begins, where those not under cover (the 40%) benefit from the 60% coverage and a significant proportion of the population being protected and a material number of the malaria-carrying mosquitoes in a community being killed on contact with the insecticide-treated nets in place.

4. How the work was carried out and key decisions

Schedule

The PDCU planning began two months in advance of the PDCU taking place to ensure plans and resources were in place.

Planning

The PDCU team leader led the planning. See the PDCU-12 Planning document for details.

Budgeting

A budget was prepared using cost drivers for each cost item. This allowed strong estimating of costs and will allow a clear comparison between budget and actual costs. See PDCU-12 Budget vs Actual document.

Resource selection

There are 14 Health Centres (HCs) in Balaka District. Each has approximately 20 staff attached to each one, the majority being salaried Health Surveillance Assistants (HSAs).

From lessons learned from earlier PDCUs, it was decided to continue with the focused team of 10 data collectors rather than have a specific number of data collectors from each HCA. This was based on the following reasons.

First, this would reduce the number of data collectors that would need to be monitored and trained. Second, we would be able to select reliable individuals whom we could trust to do a diligent and accurate job of collecting the data. Third, it would leave the majority of HSAs to carry on with the normal health tasks and duties. Fourth, by having the same people covering the whole exercise they will get acquainted to the task and reduce errors on data collection.

This meant the data collectors would spend fourteen days collecting data rather than the one or several days if many more data collectors were to be used. This was judged the preferable way of organising and managing the data collection phase.

Orientation and training

Given the limited number of people involved in collecting data and supervising, this was a relatively simple and focused task. An orientation and training session took place in December 2014, conducted by CU and MOH Staff (Malaria Coordinator (MC) and Assistant District Environmental Health Officer (ADEHO)).

Supervisors: There were 2 supervisors. The briefing familiarized the supervisors with the overall project, objectives, timing and specific responsibilities.

Data collectors: There were 10 data collectors involved in collecting data, selected from within the district. The orientation included detailed explanation of the survey objectives and the logic behind the survey form (net condition, type of nets, what sleeping spaces are, what is meant by hung nets and noting hung nets against AMF nets received) as well as having the data collectors

pre-test exercise in order to fill in sample forms and ask questions to ensure their understanding of what information should be collected and how.

Village selection and household selection

Balaka district has 14 health facilities. It was decided to collect data from 5% of households in each HCCA, which meant a different number of households in each HCCA as per individual health facility populations.

Between 25 and 87 households were randomly selected from each of the selected seven to ten villages, depending on the HCCA, with the villages also selected at random.

Villages were randomly selected using the village lists generated from the pre-distribution and distribution work for the October 2013 AMF-funded universal coverage LLIN distribution. A random number table was used to select the villages.

Households were randomly selected using the household lists produced during the same campaign. A random number table was used to select the households. Five more households were put on reserve in case no one was at home in the selected households.

Data collection

10 data collectors and 2 supervisors from the District Health Office were involved in the PDCU. The supervisors were responsible for checking the data collection exercise at the same time monitoring how the data was being collected as per requirement.

All the data collectors involved gathered at a days' designated health facility before each being deployed to selected villages. Once the data collection was complete, the data collectors submitted completed forms to their assigned supervisor who was responsible for checking the forms for obvious errors or omissions, including a lack of householder signature, before delivering the forms to the data entry team.

From the selected households, both men and women households heads were interviewed upon giving consent and signing on the form to indicate acceptance. Each data collector was assigned a village under the health centre on which data collection was planned for that particular day, guided by their assigned supervisor. On average each data collector visited 50 households per day.

Data collection checking

Supervisors were required to visit 5% of the households in their area to check the accuracy of the data collectors' work and had to check all the completed forms submitted to them before submitting them to the Project Manager. The sampled visited households were also chosen at random so the work of all data collectors was checked.

Data entry

There were four data entry clerks with knowledge in basic computing. The data entry clerks were also exposed to a questionnaire orientation where they were briefed on the forms and introduced to the online web links and how to enter the data on the electronic form, make

editions and post the data. The data entry clerks were assigned specific health facilities in order to facilitate their performance monitoring.

Data was entered into a database via a web interface created by AMF. An internet connection was required for this work.

Data entry checking

It was important to monitor and check the work of each data clerk at an early stage to correct any lack of understanding and monitor errors.

Improvements in the data entry interface since the last PDCU carried out in Ntcheu (Ntcheu PDCU-33) by AMF meant the data entry proceeded with almost no errors. This reduced the error-checking phase to almost nothing.

5. Finances

The budget was MK 3,866,920.00 (US\$ 9,667) and the total PDCU cost was MK 3,818,565.00 (US\$ 8,337). MK = Malawi Kwacha.

Budget vs actual costs (USD)

ITEM	BUDGET COST	ACTUAL COST	DELTA
BRIEFING/ORIENTATION	74,170	45,250	-63.91%
DATA COLLECTION	2,947,500	2,561,367	-15.08%
DATA ENTRY	525,000	525,000	0 %
STATIONARY	189,750	193,905	2.14%
MANAGEMENT	130,500	493,043	73.53%
GRAND TOTAL (MK)	MK 3,866,920	MK 3,818,565	-1.27%
GRAND TOTAL (US\$)	(US\$) 9,667	(US\$) 8,337	-15.95%

Comment

The PDCU came in on budget in Malawi Kwacha. Given the exchange rate MK:USD moved in our favour, in USD terms, the cost was approximately 15% less expensive than expected. CU has managed the budget very well.

6. Lessons learned

The operational elements that went well were:

- All the selected villages were visited.
- There was a positive response from the LLIN beneficiaries at community level.
- The survey form was short with only one page, which was ideal for the data collectors and the respondents
- Local community leaders and household heads allowed the data collectors to enter their households to see the hung nets and check the condition they were in.
- Management support and commitment towards the activity by Concern Universal and District Health staff was very encouraging, hence the timely execution of the exercise.
- The data collectors were committed to collecting the data.

The elements that did not go so well were:

- In some selected villages, on a planned data collection day, the team faced challenges due to funerals hence data collection was delayed.

The lessons learned from this PDCU that will be applied to subsequent PDCUs were:

- In order to maintain and follow the timeline and meet the deadlines permanent vehicles should be allocated to the activity.
- The same data collectors should be hired to collect the data for the whole exercise in the upcoming subsequent PDCU surveys.
- Likewise the same data entry clerks should be involved in the next subsequent upcoming PDCUs since they are already familiar with the system.

7. Acknowledgements

Special acknowledgement should be made to the Balaka District Health Management Team and the Malaria Coordinator (MC) and the Assistant Environmental Health Officer (AEHO) in particular, for tirelessly making this initiative a success. Despite their busy day-to-day schedule they allocated their time and efforts to the successful execution of the survey. This team worked even over the weekends and on public holidays just to accomplish the mission and meet the timelines.

Appendix 1 - Health Areas and households visited

	Health Centre	Total Number of Villages	Number of households	Population	Number of sleeping spaces	Usable LLIN in place	Nets required	Nets distributed	Gap	Mop-Up Nets	Final Total	5% of HHs (rounded)	# Villages if min of 25 HHs per village, max 10 villages	Number of HHs per village
1	Balaka D.H.	104	17,436	76,891	45,579	22,435	21,722	18,870	2,852	7,660	29,382	870	10	87
2	Chiyendausiku	39	3,337	13,897	8,208	2,099	6,131	6,070	61		6,131	170	7	24
3	Kalembo	40	6,364	25,947	15,856	3,773	12,100	11,727	373	394	12,494	320	10	32
4	Kankao	84	6,398	26,826	15,269	4,070	11,220	11,019	201		11,220	320	10	32
5	Kwitanda	66	6,046	26,321	15,317	7,816	8,551	8,361	190	67	8,618	300	10	30
6	Mbera	177	10,384	46,252	26,249	7,145	19,092	19,033	59	709	19,801	520	10	52
7	Mwima	58	6,076	23,032	14,620	4,133	10,494	10,103	391	274	10,768	300	10	30
8	Namanolo	31	7,324	34,504	21,549	6,653	14,392	12,808	1,584		14,392	370	10	37
9	Nandumbo	28	4,277	18,348	11,182	3,334	7,947	7,510	437		7,947	210	8	26
10	Phalula	64	5,629	24,535	14,718	5,066	9,638	9,133	505		9,638	280	10	28
11	Phimbi	81	6,112	25,060	14,288	4,550	9,749	9,232	517		9,749	310	10	31
12	Ulongwe	26	3,575	15,492	8,965	3,816	5,150	5,115	35		5,150	180	7	26
13	Utale 1	32	3,518	14,669	8,653	2,750	6,065	6,020	45	620	6,685	180	7	26
14	Utale 2	39	3,930	17,218	9,934	2,636	7,408	7,320	88		7,408	200	8	25
	TOTAL	869	90,406	388,992	230,387	80,276	149,659	142,321	7,338	9,724	159,383	4,530	127	36
	Average/HCCA	62	6,458	27,785	16,456									

Appendix 2 - Detailed PDCU-12 results (4 pages)



Post-Distribution Check-Up (PDCU) for Balaka, Malawi: @ 12-months (Nov 2014)

Presence of AMF Nets		Condition of AMF nets		Usage of the nets		Miscellaneous data		Comments		Activity		Errors					
Job ID	Job	Date	Households		Forms Signed		Nets received		Hung		AMF Nets		Worn out/ not usable	M+ WO	Last entry on	by	
			Target	#	%	#	%	#	%	#	%	Present Not Hung					Missing
		05 Jan 2015	4,530	4,535	100	4,535	100	8,540	7,041	82	303	4	151	2	1,045	12	14
1	792 DP187 Malawi, Utale I	05 Jan 2015	180	188	104	188	100	350	307	88	10	3	2	1	31	9	9
2	784 DP187 Malawi, Mwima	20 Dec 2014	300	299	100	299	100	588	504	86	17	3	8	1	59	10	11
3	797 DP187 Malawi, Balaka District Hospital, Balaka District	04 Jan 2015	870	864	99	864	100	1,342	1,137	85	14	1	24	2	167	12	14
4	789 DP187 Malawi, Mbera Health Centre, Balaka District	02 Jan 2015	520	522	100	522	100	1,075	908	84	55	5	19	2	93	9	10
5	793 DP187 Malawi, Utale II	31 Dec 2014	200	203	102	203	100	435	365	84	5	1	8	2	57	13	15
6	795 DP187 Malawi, Phalula	29 Dec 2014	280	280	100	280	100	541	451	83	10	2	15	3	65	12	15
7	786 DP187 Malawi, Nandumbo	19 Dec 2014	210	210	100	210	100	443	368	83	14	3	12	3	49	11	14
8	796 DP187 Malawi, Kankao	29 Dec 2014	320	320	100	320	100	589	484	82	16	3	7	1	82	14	15
9	794 DP187 Malawi, Phimbi	27 Dec 2014	310	311	100	311	100	543	444	82	17	3	1	0	81	15	15
10	789 DP187 Malawi, Chiyendausiku	24 Dec 2014	170	168	99	168	100	314	253	81	15	5	4	1	42	13	15
11	785 DP187 Malawi, Kalembo	18 Dec 2014	320	320	100	320	100	716	576	80	47	7	19	3	74	10	13
12	787 DP187 Malawi, Ulongwe	19 Dec 2014	180	180	100	180	100	301	239	79	9	3	7	2	46	15	18
13	790 DP187 Malawi, Kwitanda	23 Dec 2014	300	300	100	300	100	486	385	79	23	5	4	1	74	15	16
14	791 DP187 Malawi, Namandolo	22 Dec 2014	370	370	100	370	100	817	620	76	51	6	21	3	125	15	18

Key							
Forms Signed	0%	> 95%	> 96%	> 98+%	Green	- Very good	
Nets Hung	0%	> 67%	> 76%	> 83+%	Light Green	- Good	
Nets Present Not Hung	100%	> 17%	> 14%	> 9-%	Orange	- Acceptable	
Nets Missing (M)	100%	> 9%	> 7%	> 6-%	Red	- Recommend action is taken	
Nets Worn Out (WO)	100%	> 8%	> 3%	> 2-%			
M + WO	100%	> 8%	> 3%	> 2-%			

Explanation	
The green, light green, orange and red traffic-light system indicates 'Very Good', 'Good', 'Acceptable' and 'Recommend action is taken'. This is an educated estimate by AMF staff and is not presented as a scientific assessment. They are based on a review of research studies and other data which suggest a typical hang-up (net use) and degradation (net condition) profile for nets. We have tried to be conservative in setting the grade boundaries to try and avoid overstating how well the nets may be performing. We are currently liaising with advisors to gain further advice on where these bands should fall.	

<http://www.AgainstMalaria.com/Distributions/Malawi/BalakaDistrict2013>



Post-Distribution Check-Up (PDCU) for Balaka, Malawi: @ 12-months (Nov 2014)

Presence of AMF Nets			Condition of AMF nets			Usage of the nets			Miscellaneous data			Comments			Activity			Errors										
Job ID	Job	AMF Nets									AMF Olyset nets									AMF Peranet nets								
		Total	#	%	#	%	#	%	#	%	Rating	Total	#	%	#	%	#	%	Rating	Total	#	%	#	%	#	%	Rating	
		8,084	2,899	36	3,246	40	894	11	1,045	13	46	8,084	2,899	36	3,246	40	894	11	1,045	13	46	0	0	0	0	0	0	0
1	788 DP187 Malawi, Mbera Health Centre, Balaka District	999	448	45	381	38	77	8	93	9	51	999	448	45	381	38	77	8	93	9	51	0	0	0	0	0	0	0
2	784 DP187 Malawi, Mvima	563	205	36	250	44	49	9	59	10	49	563	205	36	250	44	49	9	59	10	49	0	0	0	0	0	0	0
3	796 DP187 Malawi, Kankao	566	198	35	217	38	69	12	82	14	44	566	198	35	217	38	69	12	82	14	44	0	0	0	0	0	0	0
4	785 DP187 Malawi, Kalembo	650	253	39	249	38	74	11	74	11	48	650	253	39	249	38	74	11	74	11	48	0	0	0	0	0	0	0
5	797 DP187 Malawi, Balaka District Hospital, Balaka District	1,304	360	28	632	48	145	11	167	13	45	1,304	360	28	632	48	145	11	167	13	45	0	0	0	0	0	0	0
6	791 DP187 Malawi, Namandolo	745	245	33	265	36	110	15	125	17	41	745	245	33	265	36	110	15	125	17	41	0	0	0	0	0	0	0
7	786 DP187 Malawi, Nandumbo	417	148	35	166	40	54	13	49	12	47	417	148	35	166	40	54	13	49	12	47	0	0	0	0	0	0	0
8	794 DP187 Malawi, Phimbi	525	182	35	193	37	69	13	81	15	43	525	182	35	193	37	69	13	81	15	43	0	0	0	0	0	0	0
9	795 DP187 Malawi, Phalula	516	191	37	194	38	66	13	65	13	46	516	191	37	194	38	66	13	65	13	46	0	0	0	0	0	0	0
10	793 DP187 Malawi, Utale II	422	196	46	149	35	20	5	57	14	48	422	196	46	149	35	20	5	57	14	48	0	0	0	0	0	0	0
11	792 DP187 Malawi, Utale I	338	117	35	159	47	31	9	31	9	50	338	117	35	159	47	31	9	31	9	50	0	0	0	0	0	0	0
12	787 DP187 Malawi, Ulongwe	285	78	27	119	42	42	15	46	16	41	285	78	27	119	42	42	15	46	16	41	0	0	0	0	0	0	0
13	789 DP187 Malawi, Chiyendausiku	295	138	47	91	31	24	8	42	14	47	295	138	47	91	31	24	8	42	14	47	0	0	0	0	0	0	0
14	790 DP187 Malawi, Kwitanda	459	140	31	181	39	64	14	74	16	41	459	140	31	181	39	64	14	74	16	41	0	0	0	0	0	0	0

Key		
Rating	0% > 50% > 60% > 70+%	Green - Very good
		Light Green - Good
		Orange - Acceptable
		Red - Recommend action is taken

Explanation
The green, light green, orange and red traffic-light system indicates 'Very Good', 'Good', 'Acceptable' and 'Recommend action is taken'. An overall colour rating is used to give a simple visual overview of how well the nets are lasting. This is an educated estimate by AMF staff and is not presented as a scientific assessment. The rating is calculated considering the proportion of nets in each condition. Performance (colour) bands are established considering published research and other data on how nets typically degrade over time. We are currently liaising with advisors to gain further advice on where these bands should fall.



Post-Distribution Check-Up (PDCU) for Balaka, Malawi: @ 12-months (Nov 2014)

Presence of AMF Nets			Condition of AMF nets			Usage of the nets			Miscellaneous data			Comments			Activity			Errors						
Job ID	Job	Nets Used				Household used				People sleeping under nets								Coverage						
		Correctly		Not Correctly		Correctly		Not Correctly		Children under 5		Children		Pregnant		Adults		Total	Sleeping spaces			People		
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	#	Covered	%	#	Covered	%
		7,493	100	20	0	4,342	96	193	4	2,995	19	5,697	36	177	1	7,007	44	15,876	10,721	7,513	70	21,671	15,876	73
1	788 DP187 Malawi, Mbera Health Centre, Balaka District	950	100	3	0	512	98	10	2	354	17	849	41	11	1	842	41	2,056	1,241	953	77	2,587	2,056	79
2	784 DP187 Malawi, Mwima	522	100	0	0	290	97	9	3	200	19	401	38	12	1	456	43	1,069	724	522	72	1,432	1,069	75
3	796 DP187 Malawi, Kankao	517	100	0	0	311	97	9	3	225	20	392	35	11	1	503	44	1,131	739	517	70	1,524	1,131	74
4	785 DP187 Malawi, Kalembo	609	100	1	0	307	96	13	4	237	20	472	39	13	1	475	40	1,197	817	610	75	1,556	1,197	77
5	797 DP187 Malawi, Balaka District Hospital, Balaka District	1,228	100	2	0	826	96	38	4	529	20	749	28	42	2	1,333	50	2,653	1,966	1,230	63	3,948	2,653	67
6	791 DP187 Malawi, Namandolo	650	100	3	0	351	95	19	5	248	19	486	37	18	1	575	43	1,327	918	653	71	1,825	1,327	73
7	786 DP187 Malawi, Nandumbo	377	100	0	0	194	92	16	8	142	18	290	37	8	1	336	43	776	508	377	74	1,012	776	77
8	794 DP187 Malawi, Phimbi	472	99	3	1	286	92	25	8	194	18	375	36	13	1	467	45	1,049	699	475	68	1,438	1,049	73
9	795 DP187 Malawi, Phalula	478	100	1	0	266	95	14	5	179	17	396	38	8	1	460	44	1,043	677	479	71	1,443	1,043	72
10	793 DP187 Malawi, Utale II	388	100	0	0	190	94	13	6	116	14	360	45	4	0	322	40	802	515	388	75	998	802	80
11	792 DP187 Malawi, Utale I	339	99	3	1	181	96	7	4	129	18	249	35	8	1	318	45	704	437	342	78	878	704	80
12	787 DP187 Malawi, Ulongwe	269	99	2	1	176	98	4	2	135	23	185	31	10	2	263	44	593	431	271	63	890	593	67
13	789 DP187 Malawi, Chiyendausiku	276	100	0	0	162	96	6	4	113	20	184	33	9	2	252	45	558	386	276	72	758	558	74
14	790 DP187 Malawi, Kwitanda	418	100	2	0	290	97	10	3	194	21	309	34	10	1	405	44	918	663	420	63	1,382	918	66

Used correctly 0% > 90% > 95+% The green, orange and red traffic-light system indicates 'very good', 'OK' and 'recommend action is taken'.
Coverage 0% > 90% > 95+% They are based on an educated assessment of what figures would represent very good, OK, and not so good use and condition of the nets.
We are currently liaising with a number of individuals to gain further advice on where these bands should fall.



Post-Distribution Check-Up (PDCU) for Balaka, Malawi: @ 12-months (Nov 2014)

Presence of AMF Nets			Condition of AMF nets				Usage of the nets				Miscellaneous data			Comments	Activity	Errors
Job ID	Job	Malaria in last month				Type of AMF nets			Type of all nets							
		Households	People	Oly	Perm	?	Oly	Perm	?							
		#	%	#	%	#	#	#	#	#	#					
		1110	24	1,558	7	7,039	0	0	7,202	55	256					
1	797 DP187 Malawi, Balaka District Hospital, Balaka District	255	30	374	9	1,304	0	0	1,304	0	0					
2	789 DP187 Malawi, Chiyendausiku	38	23	59	8	295	0	0	295	0	0					
3	785 DP187 Malawi, Kalembo	63	20	87	6	650	0	0	650	0	0					
4	796 DP187 Malawi, Kankao	68	21	93	6	566	0	0	566	0	0					
5	790 DP187 Malawi, Kwitanda	77	26	102	7	459	0	0	459	0	0					
6	788 DP187 Malawi, Mbera Health Centre, Balaka District	108	21	133	5	999	0	0	999	0	0					
7	784 DP187 Malawi, Mwima	70	23	108	8	563	0	0	563	0	0					
8	791 DP187 Malawi, Namandolo	68	18	109	6	745	0	0	745	0	0					
9	786 DP187 Malawi, Nandumbo	61	29	90	9	417	0	0	417	0	0					
10	795 DP187 Malawi, Phalula	74	26	94	7	516	0	0	516	0	0					
11	794 DP187 Malawi, Phimbi	80	26	107	7	525	0	0	525	0	0					
12	787 DP187 Malawi, Ulongwe	43	24	56	6	285	0	0	285	0	0					
13	792 DP187 Malawi, Utale I	58	31	84	10	338	0	0	338	0	0					
14	793 DP187 Malawi, Utale II	47	23	62	6	422	0	0	422	0	0					